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FEE TRANSMITTAL for FY 2004 Patent Fees are subject to annual revision.		Complete if Known	
		Application Number	09/930,584
		Filing Date	August 15, 2001
		First Named Inventor	Agazzi
		Examiner Name	D.V. Ha
TOTAL AMOUNT OF PAYMENT (\$420.00)		Group Art Unit	2634
		Attorney Docket No.	13399US02

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METHOD OF PAYMENT		FEE CALCULATION (continued)	
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:		3. ADDITIONAL FEES	
Deposit Account Number: 13-0017 Deposit Account Name: McAndrews Held & Malloy			
<input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other			
FEE CALCULATION			
1. BASIC FILING FEE			
Large Entity Small Entity Fee Fee Fee Fee Code (\$) Code (\$) Fee Description Fee Paid			
1001 770 2001 385 Utility filing Fee			
1002 340 2002 170 Design filing Fee			
1003 530 2003 285 Plant filing fee			
1004 770 2004 385 Reissue filing fee			
1005 160 2005 80 Provisional filing fee			
SUBTOTAL (1) (\$30.00)			
2. EXTRA CLAIM FEES			
Total Claims: 20 - 20 = 0 x 0 = 0			
Independent Claims: 3 - 3 = 0 x 0 = 0			
Multiple Dependent: 0 = 0 = 0			
Large Entity Small Entity Fee Fee Fee Fee Code (\$) Code (\$) Fee Description Fee Paid			
1202 18 2202 9 Claims in excess of 20			
1201 86 2201 43 Independent claims in excess of 3			
1203 290 2203 145 Multiple dependent claim, if not paid			
1204 86 2204 43 **Reissue independent claims over original patent			
1205 18 2205 9 ***Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2) (\$30.00)			
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		SUBTOTAL (3) (\$420.00)	

Technology Center 2600

SUBMITTED BY		Complete (if applicable)	
11/23/2004	00000003 130017 09930584	Registration No. (Attorney or Agent)	44,401
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